

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Home Health Agencies
Managed Care Plans
Regional Administrators
CSO Administrators

Memorandum No: 02-52 MAA
Issued: June 1, 2002

For Information Contact:
1-800-562-6188

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

Supersedes: 01-41 MAA

Subject: Vendor Rate Increase for Home Health Agencies

<p>Effective for dates of service on and after July 1, 2002, the Medical Assistance Administration (MAA) will implement a one and one-half (1.5) percent vendor rate increase as authorized by the 2001-2003 Biennium Appropriations Act.</p>
--

This fee schedule replaces pages 23/24 in the Home Health Billing Instructions, dated September 1999. This billing instruction is currently being updated and will be published soon.

Bill MAA your usual and customary charge. Reimbursement will be the lower of the billed charge or the maximum allowable fee.

To obtain MAA's billing instructions and/or numbered memorandums electronically, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

Third party liability

You must bill the insurance carrier(s) indicated on the client's MAID card. An insurance carrier's time limit for claim submissions may be different than MAA's. It is your responsibility to meet the insurance carrier's requirements relating to billing time limits, as well as MAA's, prior to any payment by MAA.

You must meet MAA's 365-day billing time limit even if you haven't received notification of action from the insurance carrier. If your claim is denied due to any existing third-party liability, refer to the corresponding MAA *Remittance and Status Report* for insurance information appropriate for the date of service.

If you receive an insurance payment and the carrier pays you less than the maximum amount allowed by MAA, or if you have reason to believe that MAA may make an additional payment:

- Submit a completed claim form to MAA; and
- Attach the insurance carrier's statement.

If you are rebilling, also attach a copy of the MAA *Remittance and Status Report* showing the previous denial.

If you are rebilling electronically, list the Internal Control Number (ICN) of the previous denial in the **Comments** field of the Electronic Media Claim (EMC).

Third-party carrier codes are available via the Internet at <http://maa.dshs.wa.gov> or by calling the Coordination of Benefits Section at 1-800-562-6136.

Fee Schedule

The following rates are established for the two regional classifications of home health agencies:
Metropolitan Statistical Area (MSA) and non-Metropolitan Statistical Area:

	Skilled Nursing Intervention	Skilled, High Risk Obstetrical	Brief Nursing Visit	Flu Vaccine	Physical Therapy	Speech Therapy	Occupational Therapy	Home Health Aide
Revenue Code:	551	558	580	590*	421	441	431	571
METROPOLITAN STATISTICAL AREA – RATES PER VISIT								
Bellingham	\$87.40	\$87.40	\$19.20	\$6.77	\$78.99	\$85.79	\$81.34	\$47.89
Bremerton/ Kitsap	\$77.14	\$77.14	\$19.20	\$6.77	\$69.71	\$75.71	\$71.85	\$42.29
Olympia	\$83.16	\$83.16	\$19.20	\$6.77	\$75.17	\$81.63	\$77.42	\$45.58
Richland/ Kennewick	\$79.87	\$79.87	\$19.20	\$6.77	\$72.21	\$78.41	\$74.37	\$43.82
Seattle/ Everett	\$88.07	\$88.07	\$19.20	\$6.77	\$79.60	\$86.44	\$81.96	\$48.25
Spokane	\$87.83	\$87.83	\$19.20	\$6.77	\$79.49	\$86.33	\$81.85	\$48.20
Tacoma	\$84.81	\$84.81	\$19.20	\$6.77	\$76.65	\$83.26	\$78.94	\$46.49
Vancouver	\$88.24	\$88.24	\$19.20	\$6.77	\$80.04	\$86.94	\$82.41	\$48.54
Yakima	\$80.70	\$80.70	\$19.20	\$6.77	\$72.89	\$79.23	\$75.14	\$44.22
NON-METROPOLITAN STATISTICAL AREA - RATES PER VISIT								
Non-MSA	\$87.73	\$87.73	\$19.20	\$6.77	\$82.36	\$89.11	\$90.16	\$42.22

* Home health agency providers may receive reimbursement for administering flu vaccine injections to MAA clients at sites such as senior and neighborhood centers.

NOTE:

These rates are the most current rates and are effective for dates of service on or after July 1, 2002



State of Washington
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
PO Box 9245, Olympia, WA 98507-9245

Change Service Requested

FIRST CLASS
U.S. POSTAGE PAID
Washington State
Department of Printing